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APPLICATION NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER
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No Spec.

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NOTICE OF ALLOWANCE MAILED		Assistant Examiner	CLAIMS ALLOWED	
			Total Claims	Print Claim for O.G.
ISSUE FEE		DRAWING		
Amount Due	Date Paid	Sheets Drwg.		Print Fig.
TERMINAL				
DISCLAIMER				
Primary Examiner			Application Examiner	
PREPARED FOR ISSUE				
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